

1

Part 1 Lines 1 through 12 To be Completed by Tenant User. Line 12A) Maximum Number of Spectators and Participants per day Line 12B) Total Number of Days of use Line 12C) Total for Entire Event A X B = C User Signature User Signature Date

Part 2

- Lines D through L
 To be Completed by County.
- > Line D)
- > Rate Chart
- ➤ Line E)
- > Classification
- > Line F)
- > Attendance Group

Part II - To be completed by County prior to submission to Utah Counties Insurance Pool.

	CHART cle one)		ASSIFIC (circle o		F) GROUP one)		ATTENDA (ci	NCE rcle
Α	В	I	II	III	A E	B F	С	D

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Part 2

- Lines D through L To be Completed by County.
- Line G)
- Event Premium
- Line H)
- Liquor Liability Premium (optional)
- Line I)
- Additional Insured(s) Premium (optional)
- Line J)
 Exhibitor/Concessionaires Premium (optional)
- Line K) TRIA Premium (required)
- > Line L) Total Premium Due

G) EVENT PREMIUM	\$	(See	Rate Cha	ırt)
H) LIQUOR LIABILITY PREMIUM (optional)	\$	(See	Rate Cha	ırt)
I) ADDITIONAL INSURED(S) PREMIUM (optional)	\$	(G x List	:.10 for ea ed)	ich Al
J) EXHIBITOR/CONCESSIONAIRES PREMIUM (optional)	\$	(See	Rate Cha	irt)
K) TRIA PREMIUM (required)	\$		x .03 = TI nium)	RIA
L) TOTAL PREMIUM DUE:	S	(G-H Due	(= Total F)	remium
L) TOTAL PREMIUM DUE: COUNTY REPRESENTATIVE SIGNATURE	\$			remium

Coverage is provided through Employers Fire Insurance Co., an A.M. Best A.XIV, admitted company. The special events policy limit is \$1,000,000 each Occurrence. No Coverage is provided by this policy unless an application has been submitted and a premium has been paid. No Coverage is provided for Liquor Liability, No coverage is provided for Liquor Liability and the provided provided for the premium part for Liquor Liability. No coverage by this policy for Paid Professional Enterlaimment or talent unless specifically endorsed hereon. This insurance does not apoply to 'Bodily Injury' or 'Personal Injury' or 'death of any personal Injury' or 'deat

Mail application and payment in time to be received at least three (3) working days prior to the event. Please include your email address, so that the Certificate of Insurance can be emailed to you prior to your event.

FAX and MAIL TO: UTAH COUNTIES INSURANCE POOL, *Atm: Shaney Kelleher*, PO Box 95730, South Jordan, UT 84095-0730
Phone: (801) 307-2112, Fax: (801) 307-2121

Example of Chart A

- Chart A shows Events that are consecutive from 1 to 4 days.
- If the event is not on consecutive days, on a separate sheet, write the dates and UCIP will forward it to AJG for quoting.

UTAH COUNTIES INSURANCE POOL (UCIP)

Tenant User Liability (Property) Insurance Program (TULIP)
2010 RATING SCHEDULE

CHART A

		EVENT	RATES (1 THROU	GH 4 DAYS)	
	TTENDANCE ISPARTICIPANTS	CLASSI	CLASS II	CLASS III	LIQUOR LIABILITY (Flus additional premium for liquor liability)
Α	1-100	\$75	\$100	\$150	\$75
В	101-500	\$100	\$135	\$200	\$185
С	501-1500	\$150	\$185	\$310	\$260
D	1501-3000	\$200	\$315	\$425	\$375
Е	3001-5000	\$300	\$425	\$625	\$490
F	5001+	Refer to UCIP for Qu	iote		
Premiu	m rate does not in	clude the required Terror	ism Risk Insurance Ar	t (TRIA) coverage (a	dd .03 times the event premium).

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Example of Chart B

- Chart B shows rates that are 5 consecutive days.
- For attendance of 5000+, send the completed form to UCIP and we will refer it to AJG for quoting.

		EVEN'	TRATES (5 OR MO	RE DAYS)	
	TTENDANCE SPARTICIPANTS	CLASS I	CLASS II	CLASS III	LIQUOR LIABILITY (Plus additional premium for Iquor Liability)
Α	1-100	\$95	\$170	\$300	\$11
В	101-500	\$140	\$215	\$360	\$27
С	501-1500	\$235	\$355	\$455	\$43
D	1501-3000	\$335	\$460	\$575	\$80
Е	3001-5000	\$450	\$825	\$785	\$75
F	5001+	Refer to AJG	Refer to AJG	Refer to AJG	TB

EXHIBITORICONCESSIONAIRES RATING SCHEDULE PREMIUMS IN ADDITION TO ABOVE RATES

EXHIBITORS - NO SALES 45.00 PER DAYPER EXHIBITOR up to \$300 PER DAY

CONCESSIONARES - NON-FOOD SALES 55.00 PER DAYPER CONCESSIONARE up to \$430 PER DAY

CONCESSIONARES - NON-FOOD SALES 51.00 PER DAYPER CONCESSIONARE up to \$430 PER DAY

ATTRACTIONS - PERFORMERS \$150.00 PER DAYPER CONCESSIONARE up to \$450 PER DAY

Products Liability Coverage is Exidated On Al Enhibitors And Concessionares.

For Assistance Call: Shaney Kelleher: (801) 307-2112 FAX: (801) 307-2121

Completed Form

- Part I should have A,
 B and C completed
 with a User Signature
 and a Date.
- Part II should have D through L completed with a County Representative/User Signature and both are Dated.

		perty) Insurance Program social Events Lieblity Insurance	(TULÍP)	
Part I: To b MON	e completed by tenant user and retu IEY ORDER made payable to Utah C	ounties Insurance Pool.		
	NO COVERAGE PROVIDED W	THOUT A COMPLETE A	PPLICATION	
	P (TENANT USER): Shaney Kelleher			
	ON: Shaney Kelleher			
(3) PHONE: 801-56		(4) EMAIL: Shaney@ucip.u	stah.gov	
	3 ADDRESS:10980 S Jordan Gateway,			
(6) COUNTY EVENT		(7) NAME OF SITE: Histori	c Court House	-
	RESS OF COUNTY SITE: 51 S Univers F EVENT: August 11, 2010	ity Ave, Provo, UT 84601		
(9) LIST DATE(S) OF (10) DESCRIBE EVE				
	DOITIONAL INSURED(S) IF ANY:			
(12)	A) MAXIMUM NO. OF SPECTATOR AND PARTICIPANTS PER DAY	B) TOTAL NUMBER OF DAYS OF USE	C) TOTAL FOR ENTIF	E EVENT
	A) 101-500	B) 1	C) 500	
USER SIGNATURE	Dany Nolli	11	DATE 07/01/10	
(circle one)	(circle one)	A (B)	(circle one)	F
G) EVENT PREMIU		S 100.00	(See Rate Chart)	-
		\$ 185.00	(See Rate Chart)	-
LO CHOLLOD LIABILE				
NAC TO SERVICE AND ADDRESS OF THE PARTY OF T	TY PREMIUM (optional)	*		letest)
) ADDITIONAL INS	URED(S) PREMIUM (optional)	s	(G x .10 for each Al L	isted)
) ADDITIONAL INS J) EXHIBITOR/CON	URED(S) PREMIUM (optional) CESSIONAIRES PREMIUM (optional)	8	(G x .10 for each Al L (See Rate Chart)	
) ADDITIONAL INS J) EXHIBITOR/CON K) TRIA PREMIUM	URED(S) PREMIUM (optional) GESSIONAIRES PREMIUM (optional) (required)	S S S 293.55	(G x .10 for each Al L (See Rate Chart) (G-J x .03 = TRIA Pre	mium)
I) ADDITIONAL INS J) EXHIBITOR/CON K) TRIA PREMIUM L) TOTAL PREMIUM	URED(S) PREMIUM (optional) GESSIONAIRES PREMIUM (optional) (required) vi DUE:	8	(G x .10 for each Al L (See Rate Chart) (G-J x .03 = TRIA Pre (G-K = Total Premium	mium) n Due)
I) ADDITIONAL INS J) EXHIBITOR/CON K) TRIA PREMIUM L) TOTAL PREMIUS COUNTY REPRESE	URED(S) PREMIUM (optional) GESSIONAIRES PREMIUM (optional) (required) II DUE: NTATIVE SIGNATURE	S S S 293.55	(G x .10 for each Al L (See Rato Chart) (G-J x .03 = TRIA Pre (G-K = Total Premium	mium) n Due) 7/01/10
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Class I

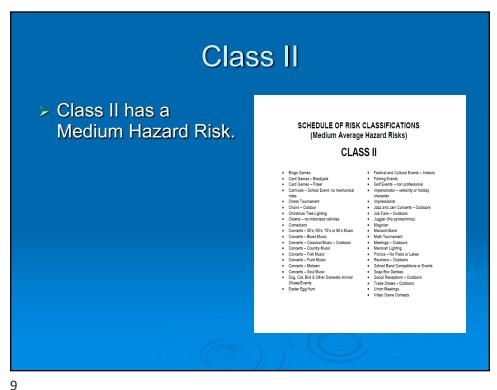
 Class I is the most commonly used due to the Low Hazard Risk.

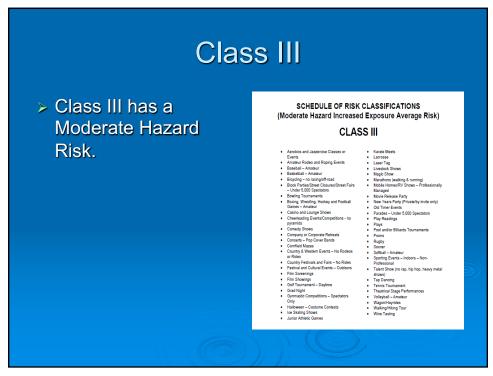
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SCHEDULE OF RISK CLASSIFICATIONS (Low Minimum Hazard Risks)

CLASS I

Advice to Superior Company Finds

Barbon Co
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If the event falls under the excluded classification AJG will not cover the event and the User will need to look for alternative Insurance. SCHEDULE OF RISK CLASSIFICATIONS

EXCLUDED EVENTS AND ACTIVITIES:

Autoral Events

Bright Rallins, Ruses and Events
Blook Printed Effect Class and Events
Blook Printed Effect Class and Events
Blook Printed Effect Class and Events
Control and Events and Printed Security
Events and Printed Effect Class and Events
Events and Events
Eve

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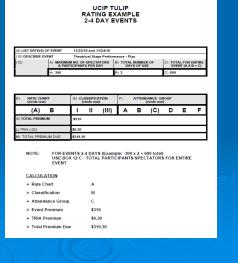
 Example of a correctly filled out TULIP.

	RATING	EX	JLIP (AMPLE 'ENTS		
(9) LIST DATE(S) OF EVEN	IT 3/17/10				
(10) DESCRIBE EVENT	Wedding				
(12) A) MAXIMUM NO & PARTICIE	OF SPECTATORS PANTS PER DAY	B) TO	TAL NUMBER OF DAYS OF USE	C) TOTAL I	EVENT
A) 400		B) 1		C) 400	
(circle one)	(circle one)	III	A (B)	C D	E F
(A) B	\$100		A (b)	0 0	-
) EVENT PREMIUM	(4)		Α (Β)	<u> </u>	
) EVENT PREMIUM) TRIA (.03)	\$100		Α (Β)		
(-, -	\$100 \$3		, (E)		
3) EVENT PREMIUM	\$100 \$3		A (0)		
B) EVENT PREMIUM 1) TRIA (.03) M) TOTAL PREMIUM DUE	\$100 \$3		A (0)		
3) EVENT PREMIUM 3) TRIA (.03) A) TOTAL PREMIUM DUE CALCULATION	\$100 \$3 \$103		A (0)		
s) EVENT PREMIUM) TRIA (.03) I) TOTAL PREMIUM DUE CALCULATION > Rate Chart	\$100 \$3 \$103		. (0)		
S) EVENT PREMIUM 3) TRIA (.03) 4) TOTAL PREMIUM DUE CALCULATION > Rate Chart > Classification	\$100 \$3 \$103				
S) EVENT PREMIUM 1) TRIA (03) 4) TOTAL PREMIUM DUE CALCULATION Rate Chart Classification Attendance Group	\$100 \$3 \$103 A I B		1 8 (8)		

2 to 4 Day Events > This example shows events that are 2-4

> A X B = C

days.



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TULIP Certificate

 Completed TULIP Certificate issued by AJG.

TEMANTI		INSURAN JRANCE PE	
RODUCER:	SERSINS	JKANCE PI	RUGRAM
-NODUCER:		INSURED:	
ARTHUR J. OALLACHER & CO. 16 EXTERPRISE SUITE 200		P.O. ROLPS	NTIES INSURANCE POOL (UCIP)
ALISO VIEJO, CA 92696			m. UT 84095
FHORE: (0+6) 3+9-6000 FAX: (0+6) 3+6	-seco	FAX: (201)	9620486
AMEDINEUREDITENANT USERS:		Certe:	2010-01-17
AMERICAN CONTRACT CON		EventTrue:	Liums lock State
tah Angus Association	1	Clacc:	III
udy McCalmani SG Sarielde Orlun	ì	Date(s):	4/3/2010
SG Basiside Orius zavion, UT S4D4D	1	Attendance:	100
	ì	Locaton:	Golden Spike Bæni Center
		Premium:	\$154.96
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